

DAY USE AND/OR LODGING RESERVATION FORM

PLEASE RETURN THIS FORM AT LEAST TWO WEEKS PRIOR TO YOUR RESERVED DATES TO:

Springbrook Conservation Education Center * 2473 - 160th Road * Guthrie Center, IA 50115

CONTACT PERSON:

Name of organization/institution:				
Age of the group's majority (please circle one): Elementary Jr. High Sr. High College Adults				
Sponsor or individual representing the organization/contact person:				
Phone #: (____) _____		Fax #: (____) _____		
E-Mail: _____				
Street Address:				
City, State, Zip:				

FACILITY RESERVATION DATES/TIMES:

Arrival Date:	Time: a.m./ p.m.	Departure Date:	Time: a.m./ p.m.
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GROUP SPECIFICS (choose one group and complete the requested information):

School Group (Grade Level: _____) Total Number in Group: _____ (youth/adults)	
Facility Use (check one): ____ Day Use Only (\$5/person) ____ Overnight: (\$10/person) x _____ nights # males: _____ # females: _____ (include youth and chaperones/teachers)	
Linens/Towel Service and Classroom Use: Included FACILITY USE TOTAL: \$ _____	
Conservation Education Group Total Number in Group: _____ (youth/adults)	
Facility Use (check one): ____ Day Use Only (\$5/person-youth or adult group) ____ Overnight: (\$5/person-youth/adult group) x _____ nights # males: _____ # females: _____ ____ Overnight: (\$15/person-adult group) x _____ nights # males: _____ # females: _____	
Options: Linens/Towel Service (\$5/person per day): Y ____ N ____ Classroom Use (\$100/day): Y ____ N ____ # requested (3 avail): _____ # of days _____ Library Use (\$50/day): Y ____ N ____ # of days _____	
FACILITY USE + OPTIONS TOTAL: \$ _____	
Non-Conservation Education Group Total Number in Group: _____ (youth/adults)	
Facility Use (check one): ____ Day Use Only (\$5/person-youth or adult group) ____ Overnight: (\$5/person-youth/adult group) x _____ nights # males: _____ # females: _____ ____ Overnight: (\$15/person-adult group) x _____ nights # males: _____ # females: _____	
Options: Linens/Towel Service (\$5/person per day): Y ____ N ____ Classroom Use (\$100/day): Y ____ N ____ # requested (3 avail): _____ # of days _____ Library Use (\$50/day): Y ____ N ____ # of days _____ Kitchenette Use (\$30/day): Y ____ N ____ # of days _____	
FACILITY USE + OPTIONS TOTAL: \$ _____	
Family Reunion Total Number in Group: _____ (youth/adults)	
Facility Use: ____ Overnight: (\$160/per dorm per day) x _____ nights	
Options: Linens/Towel Service (\$160/per dorm per day): Y ____ N ____ Classroom Use (\$100/day): Y ____ N ____ # requested (3 avail): _____ # of days _____ Library Use (\$50/day): Y ____ N ____ # of days _____ Kitchenette Use (\$30/day): Y ____ N ____ # of days _____	
FACILITY USE + OPTIONS TOTAL: \$ _____	

FACILITY USE/OPTIONS TOTAL: \$ _____ payable to DNR/CEC upon arrival
CONCESSIONAIRE MEAL TOTAL: \$ _____ payable to IOWA MARKET upon arrival (Meal Form enclosed)
DAMAGE DEPOSIT (schools groups exempt): \$ 50.00 payable to DNR/CEC upon arrival under separate pmt

Sponsor/Organization's Representative Signature: _____ **Date:** _____

Facility: Springbrook Conservation Education Center * 2473 160th Rd * Guthrie Center, IA 50115 * 641-747-8383
Concessionaire (Meals/Food): Iowa Market * Paul Belden * 2473 160th Rd * Guthrie Center, IA 50115 * 641-747-8383 ext 18